

CITY CLERK DEPT.
05 APR -7 AM 11:36

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 ACCOUNT # .	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>MR</u> FIRST <u>Roy</u> MI <u>E.</u> NICKNAME LAST SUFFIX <u>GRAY</u>
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report
5 ORIGINAL PERIOD COVERED	Month Day Year Month Day Year <u>2/24/05</u> THROUGH <u>3/28/05</u>
6 EXPLANATION OF CORRECTION	DID NOT CARRY THE outstanding Loans from Schedule E or the Contribution BALANCE From schedule A to Lines 5 & 6 on Page 2 of FORM C/OH

7 AFFIDAVIT



DORA NAZARIEGA
NOTARY PUBLIC
In and for the State of Texas
My commission expires
10-13-2008

I swear, or affirm, under penalty of perjury, that
this corrected report is true and correct.

Roy E Gray
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Roy E Gray this the 7th day of April, 2005.

to certify which, witness my hand and seal of office.

Dora Nazariega Dora Nazariega Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

Roy GRAY

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

-- This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 10⁰⁰

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 800⁰⁰EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 3217⁹⁸CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 800⁰⁰OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 5250⁸¹

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Roy Gray, this the 7th day of April, 2005, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign treasurer appointment (officeholder only)

☐ July 15

☐ 8th day before election

☐ Exceeded \$500 limit

☐ Final report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year

THROUGH

Month Day Year

11 ELECTION

ELECTION DATE

Month Day Year

ELECTION TYPE

☐ Primary

☐ Runoff

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

14 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT#
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

☐ Change of Address

5 CANDIDATE /
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

REPORT TYPE

☐ January 15

☒ 30th day before election

☐ Runoff

☐ 15th day after campaign treasurer appointment (officeholder only)

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☐ Exceeded \$500 limit

☐ Final report (Attach C/OH - FR)

7 PERIOD
COVERED

Month Day Year

THROUGH

Month Day Year

ELECTION

ELECTION DATE

Month Day Year

ELECTION TYPE

☐ Primary

☐ Runoff

☒ General

☐ Special

OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditures. --

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

Roy Gray

16 ACCOUNT # (Ethics Commission file)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

-- This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 16 ⁰⁰

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 800 ⁰⁰EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 3217.28

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

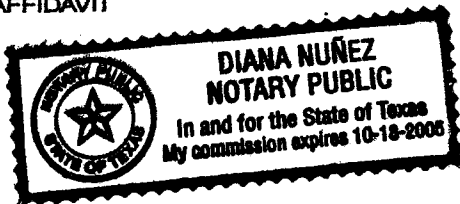
\$

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Roy E. Gray
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Roy E. Gray, this the 5th day of April, 20 05, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

ROY GRAY

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/17/05

5 Full name of contributor

☐ out-of-state PAC (ID#)

RICHARD BONART

6 Contributor address; City; State; Zip Code

6524 LOMA DE CRISTO
EL PASO, TX 79912

7 Amount of contribution (\$)

\$250.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See instructions)

10 Employer (See instructions)

Date

3/18/05

Full name of contributor

☐ out-of-state PAC (ID#)

KARL PUTNAM

Contributor address; City; State; Zip Code

405 VAL PLANO
EL PASO, TX 79912

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

3/24/05

Full name of contributor

☐ out-of-state PAC (ID#)

MELANIE + GEORGE WAYNE

Contributor address; City; State; Zip Code

5595 WEST SIDE DR
EL PASO, TX 79932

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

3/24/05

Full name of contributor

☐ out-of-state PAC (ID#)

WILLIAM ROGERS

Contributor address; City; State; Zip Code

42 GOODWIN LN
EL PASO, TX 79902

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

3/24/05

Full name of contributor

☐ out-of-state PAC (ID#)

MARTHA RIE CAVANNA

Contributor address; City; State; Zip Code

6412 VIA DE ALBUR CT
EL PASO, TX

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

ROY GRAY

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$ ~~5000~~ 00

5 Date of loan

2/24/05

7 Name of lender

ROY GRAY

☐ out-of-state PAC (ID#:

9 Loan Amount (\$)

5000 00

6 Is lender a financial institution?

Y

(N)

8 Lender address; City; State; Zip Code

6333 LA POSTA
EL PASO, TX 79912

10 Interest rate

0

11 Maturity date

7/30/05

12 Principal occupation / Job title (See Instructions)

Military RETIRED

13 Employer (See Instructions)

14 Description of Collateral

☒ none

15 GUARANTOR INFORMATION

☒ not applicable

16 Name of guarantor

18 Amount Guaranteed (\$)

17 Guarantor address; City; State; Zip Code

19 Principal Occupation

20 Employer

Date of loan

2/24/05

Name of lender

ROY GRAY

☐ out-of-state PAC (ID#:

Loan Amount (\$)

\$ 250 00

Is lender a financial institution?

Y

(N)

Lender address; City; State; Zip Code

6333 LA POSTA
EL PASO TX 79912

Interest rate

0

Maturity date

7/30/05

Principal occupation / Job title (See Instructions)

Military RETIRED

Employer (See Instructions)

Description of Collateral

☒ none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

☒ not applicable

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1062

2 FILER NAME Roy GRAY

3 ACCOUNT # (Ethics Commission files)

4 Date 3/8/05

5 Payee name AUS SERVICES
6 Payee address; City; State; Zip Code
2020 mills AVE
EL PASO, TX 79901

7 Amount (\$) \$1996 79

8 Purpose of payment (See instructions regarding type of information required.) mailing Printing + postage

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date 3/4/05

Payee name OFFICE DEPOT
Payee address; City; State; Zip Code
1313 GEORGE DIETER #B
EL PASO, TX 79936

Amount (\$) \$120 03

Purpose of payment (See instructions regarding type of information required.) PAPER

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date 3/4/05

Payee name Gail MARTIN ER
Payee address; City; State; Zip Code
PO Box 335
SANDWICH, Massachusetts 02543

Amount (\$) \$57 60

Purpose of payment (See instructions regarding type of information required.) mailing Document Proofing + Editing

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date 3/25/05

Payee name AUS SERVICES
Payee address; City; State; Zip Code
2020 mills AVE
EL PASO, TX 79901

Amount (\$) \$90 93

Purpose of payment (See instructions regarding type of information required.) MAILING

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The instruction GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 of 2

2 FILER NAME

ROY GARY

3 ACCOUNT # (Ethics Commission file)

4 Date

5 Payee name

USPS

7 Amount (\$)

\$80.19

6 Payee address; City; State; Zip Code

EL PASO, TX 79912

8 Purpose of payment (See instructions regarding type of information required.)

POSTAGE

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

I-MERLIN

Amount (\$)

\$129.26

Payee address; City; State; Zip Code

409 EXECUTIVE CENTER BLVD
Suite 500
EL PASO, TX 79902

Purpose of payment (See instructions regarding type of information required.)

BUS CARDS

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

I-MERLIN

Amount (\$)

\$492.48

Payee address; City; State; Zip Code

409 EXECUTIVE CENTER BLVD, Suite 500
EL PASO, TX 79902

Purpose of payment (See instructions regarding type of information required.)

WEBSITE

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

EL PASO city clerk

Amount (\$)

\$250.00

Payee address; City; State; Zip Code

#2 Civic Center Plaza
EL PASO, TX 79901

Purpose of payment (See instructions regarding type of information required.)

Filing FEE

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED